



**BOARD OF OPTOMETRY**  
400 R STREET, SUITE 4090, SACRAMENTO, CALIFORNIA, 95814-6200  
TELEPHONE: (916) 323-8720  
[www.optometry.ca.gov](http://www.optometry.ca.gov)



## **INFORMATION AND INSTRUCTIONS FOR CANDIDATES APPLYING FOR LICENSURE AS OPTOMETRISTS IN CALIFORNIA**

The accompanying application must be completed in its entirety and submitted to the board office along with the required fee in order for you to obtain a license to practice optometry in California. "Completed in its entirety" means **ALL** information must be provided truthfully in the appropriate application boxes including first, middle and last names. If you have no middle name please indicate this with the letters "NMN" provided in that box.

You will be subject to a criminal background search to facilitate compliance with California Business and Professions Code section 480. The search is performed via the submission of your fingerprints to the California Department of Justice (DOJ). You **must** select one of the two methods of fingerprint submission utilized by the board. The suggested method is "Live Scan" which will process fingerprints generally within 48 hours of the scanning. The fee for this service is paid to the law enforcement agency performing the scan. The other method is the DOJ fingerprint card that generally involves four to six weeks to process. The fee for this service is \$42.00 (check or money payable to Optometry Board) and is to be submitted with the completed card to the board.

A "Live Scan" can **only** be performed in California at any sheriff's office and selected police stations with the fee set by and payable to the law enforcement agency that is scanning the fingerprints. If you have no plans to be in California during the licensing process, you should request and submit a DOJ fingerprint card from the board. Candidates downloading the license application from the board's website should indicate which form is preferred - "Live Scan" or DOJ fingerprint card - when submitting the license application to the board. The form preferred will be provided upon receipt of the license application by the board. Candidates requesting the license application via telephone, email, or standard mail should indicate their preference upon providing such request to the board and a "Live Scan" application or DOJ fingerprint card will be provided with your license application.

### **Checklist of requirements and instructions for completing your application:**

**APPLICATION FEE:** The license application fee: \$125 if post marked before 6/01/04.  
\$275 if post marked after 5/31/04

The fee is **not refundable** and should be submitted in the form of a check or money made payable to "Optometry Board."

**TRANSCRIPTS:** Request that each college/school of optometry that you have attended send an OFFICIAL transcript of all course work attempted to the board office. To be acceptable, the transcript must be prepared **AFTER YOUR FINAL GRADES ARE RECEIVED**. They must document conference of a doctor of optometry (OD) degree and course grades received. Special transcript requirements are discussed further in **Application Form**.

**NBEO RESULTS:** Request the National Board of Examiners in Optometry (NBEO) send the "Official Score Report" for Part I, Basic Science; Part II, Clinical Science and; Part III to the board. Passing scores for these NBEO examinations are indicated by a "P" next to the

examination's total score on the Official Score Report. Part III tests administered prior to January 1, 2000 are not applicable for licensure in California. In addition the NBEO will administer and you must pass the California Laws and Regulations examination. The board does not require any particular sequence for taking and passing the required examinations. A license to practice optometry in California will not be issued until **all** examination and other requirements have been met.

**ONE PHOTOGRAPH OF APPLICANT:** The application must be accompanied by one (1) 2" X 2" not-mounted, bust-size (not full length), passport quality photograph of the applicant taken within six months of submitting the license application to the board.

**APPLICATION FORM:** The application form should be typed or legibly printed except for the signature. All items 1 through 10 must be completed as indicated in paragraph two of these instructions. If there is insufficient space on the application for required information use an adequately identified supplementary sheet of 8.5 x 11 paper.

**MAILING ADDRESS:** If possible, please give a permanent mailing address where important information can be sent to you throughout the entire licensing process.

**EDUCATION PREREQUISITS:** Demonstration of fulfillment of education prerequisites is required by Section 3047 of the California Business and Professions Code. Please note the transcript requirement as discussed above and the following list of schools/colleges accredited by the board. This list does not apply to Graduates of Foreign schools of optometry.

**FOR CONFIRMATION NOTIFICATION THAT YOUR APPLICATION WAS RECEIVED: ENCLOSE A SELF-ADDRESSED, STAMPED POSTCARD WITH YOUR APPLICATION AND THE BOARD WILL DATE STAMP AND RETURN IT TO YOU.**

#### **ACCREDITED OPTOMETRY SCHOOLS/COLLEGES BY THE BOARD:**

Accreditation is subject to change and shall be effective until written order of the board.

Univ. of Alabama, Optometry School, Univ. Station, Birmingham, AL 35294-

Univ. of California, Berkeley, School of Optometry, Minor Hall, Berkeley, CA 94720

Ferris State College, College of Optometry, Big Rapids, MI 49307

University of Houston, College of Optometry, Houston, TX 77204-6052

Illinois College of Optometry, 3241 South Michigan Ave, Chicago, IL 60616

Indiana University, School of Optometry, 800 East Atwater, Bloomington, IN 47405

Inter-American Univ. of Puerto Rico, School of Optometry, P.O. Box 1283, Hato Rey, PR 00919

Univ. of Missouri-St. Louis, 8001 Natural Bridge Road, St. Louis, MO 63121

Univ. of Montreal, Ecole d'optometrie, 3750 Jean Brilliant, Case Postale 6128, Succursale A, Montreal, PQ CANADA H3C 3J7

New England College of Optometry, 424 Beacon Street, Boston, MA 02115

State Univ. of New York, Optometry College, 100 E. 24<sup>th</sup> Street, New York, NY 10010

Northeastern State University, College of Optometry, Tahlequah, OK 74464

Nova Southeastern Univ, Optometry College, 3301 College Ave, Ft.Lauderdale, FL 33314

Ohio State University, College of Optometry, 338 West 10<sup>th</sup> Ave, Columbus, OH 53210

Pacific University, College of Optometry, 2043 College Way, Forest Grove, OR 97116

Pennsylvania College of Optometry, 8360 Old York Road, Elkins Park, PA 19027

Southern California College of Optometry, 2575 Yorba Linda Blvd, Fullerton, CA 92631

Southern College of Optometry, 1245 Madison Ave, Memphis, TN 38104

University of Waterloo, School of Optometry, Faculty of Science, Waterloo, Ontario, Canada N2L 3G1



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## APPLICATION FOR LICENSURE AS AN OPTOMETRIST

The following information is required under Sections 3044, 3045 & 3047 of the Business and Professions Code. All terms of information requested are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. The official responsible for the maintenance of this information is the Executive Officer.

The information may be transferred to other interagency or intergovernmental agency, and/or enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, unless the records are identified as confidential information and exempted in Section 1798.3 of the Information Practices Act of the Civil Code.

### FOR OFFICE USE ONLY

**Receipt Number** \_\_\_\_\_

### APPLICATION FEE:

Post Marked Before 6/1/04 = \$125.00

Post Marked After 5/31/04 = \$275.00

PLEASE TYPE OR PRINT LEGIBLY

1. Name: (FIRST)					(MIDDLE)					(LAST)														
2. Address: (NUMBER & STREET)										Date of Birth														
(CITY)					(STATE)					(ZIP)					(TELEPHONE)									
3. Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public law 94-455 (42 section # USCA(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number, your application for examination will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.																								
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>										
4. Education: Name(s) of School(s) or College(s) of Optometry attended (NAME OF SCHOOL)																								
(ADDRESS OF SCHOOL)					(NUMBER & STREET)					(CITY)					(STATE)					(ZIP)				
(DATE ENTERED)										(DATE GRADUATED)														
(NAME OF SCHOOL)																								
(ADDRESS OF SCHOOL)					(NUMBER & STREET)					(CITY)					(STATE)					(ZIP)				
(DATE ENTERED)										(DATE GRADUATED)														

5. National Board of Examiners in Optometry (NBEO)

Have your NBEO transcripts been sent to the California State Board of Optometry?  
If answer is Yes, provide month and year of test administration.

☐ Yes ☐ No

6. Have you previously applied for licensure to practice optometry in California? If answer is Yes, provide the month and year of application:

☐ Yes ☐ No

7. Do you now or have you ever held a license to practice optometry in any other state?

If answer is Yes, provide state(s) and license number(s):

☐ Yes ☐ No

8. Have you ever had a license to practice optometry in this or any other state denied, suspended or revoked?

If answer is Yes, provide full details including charge(s), where (state or territory) and final disposition:

☐ Yes ☐ No

9. Are you presently suffering from any ailment communicable to others?

If answer is Yes, explain fully:

☐ Yes ☐ No

10. Have you, as a juvenile or adult, ever been convicted of or plead nolo contendere to any violation of a U.S. Statute, State Statute or local ordinance, other than Vehicle Code offenses in which fines levied were less than \$50.00? (Convictions dismissed pursuant to Section 1203.4 of the Penal Code must be disclosed)

If answer is Yes, provide the full details of each offense, including nature, location, disposition and date of disposition and submit with this application.

☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the answers and information given by me in completing this application, and any attached sheets, are true and I understand and agree that any misstatements of material facts herein may be cause for the denial of this application or for subsequent suspension or revocation of a certificate of registration to practice optometry in California if one is granted to me.

Date

Signature of Applicant

PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS  
USE TAPE DO NOT STAPLE

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE